01/04/01

A

PTO/SB/21 (6-98)

Please type a plus sign (+) increa this box 

Approved for use chrough 09/30/2000. OMB 0851-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

•	
5 U.S. PTO	/ 02/01 L/02/01
99	
` Ü	
	્.

<b>TRANSMITTAL</b>
FORM

(to be used for all correspondence after initial filing)

Application Number	60 (174, 269)
Filing Date	163/00
First Named Inventor	WILLIAM J. PAYE
Group Art Unit	
Examiner Name	
	÷

Total Number of Pages in This Subm	Attorney Docket Number					
	ENCLOSURES (check all that ap	ply)				
Fee Transmittal Form Fee Attached  Amendment / Response After Final Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application)  Drawing(s)  Licensing-related Papers  Petition Routing Slip (PTO/SB/69) and Accompanying Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Small Entity Statement  Request for Refund  Remarks	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s) (please Identify below):				
SIGNATU	RE OF APPLICANT, ATTORNEY, OR	AGENT				
Firm or Individual name WILLAM Signature Mullis Date 1/02/6	Pane					
CEDTIFICATE OF MAILING						

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail intendent envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 1/02/093

Typed or printed name William J. Rayer

Signature Date 1/02/093

Burden Hour Statement: This form is estimated to take 0.2 fours to complete. Time will vary depending upon the needs of this individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

		PTO/SB/17 (12/99)
	A	for use through 09/30/2000. OMB 0651-0032
	Patent and Tra	k Office: U.S. DEPARTMENT OF COMMERCE
Inder the Paperwork Reduction Act of 1695, r	no persons are required to respond to a collection of informa-	ancin unless it displays a valid OMB control number

F	EE	TR	AN	ISM	IT	TAL
	1	for	FY	200	00	

Patent fees are subject to annual revision.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMEN	T
------------------------	---

WARNING:

- 1	
ſ	(\$)

Complete if Known				
Application Number	60/174,269			
Filing Date	1/03/00			
First Named Inventor	WILLIAM J. PAVER			
Examiner Name				
Group / Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit	Larg Fee	e Entit	y Sma		у	Fee Paid
Account Number	105	130	205	65	Surcharge - late filing fee or oath	
Deposit Account	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Name	139	130	139	130	Non-English specification	ļ
Charge Any Additional Fee Required	147	2,520	147	2,520	For filing a request for reexamination	
Under 37 CFR §§ 1.16 and 1.17  2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Money Other	113	1,840	113	1,840*	Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE	116	380	216	190	Extension for reply within second month	
Large Entity Small Entity	117	870	217	435	Extension for reply within third month	
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for reply within fourth month	
Code (\$) Code (\$) Fee Paid  101 690 201 345 Utility filing fee	128	1,850	228	925	Extension for reply within fifth month	
106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal	
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in support of an appeal	
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	140	110	240	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	141	1,210	241	605	Petition to revive - unintentional	
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (or reissue)	
Fee fromExtra Claimsbelow Fee Paid	143	430	243	215	Design issue fee	
Total Claims20** = X =	144	580	244	290	Plant issue fee	
Independent - 3** = X = X	122	130	122	130	Petitions to the Commissioner	
Multiple Dependent =	123	50	123	50	Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final rejection	
102 78 202 39 Independent claims in excess of 3	149	690	249	345	(37 CFR § 1.129(a))	
104 260 204 130 Multiple dependent claim, if not paid	143	000	240	040	For each additional invention to be examined (37 CFR § 1.129(b))	}
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 72 · Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 4 ( 7						1
SUBMITTED BY					Complete (if applicable)	
Name (Print/Type) WILLIAM J. PAYER	₹ा	Regist (Attorne			Telephone 618-52	2-5017
Signature O/ 7/	<u> </u>	( MOITE	,,,ngci	<u>''</u>	Date 1/02/0	<del></del>

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.